FISHGUARD AND GOODWICK URBAN DISTRICT COUNCIL

REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1949.

W. J. Y. SPEEDY,
M.B., B.Ch., L.R.C.P. & S., D.P.H.

District Health Office,
10, Picton Place,
Haverfordwest.

November, 1950.

To the Chairman and Members
of the Sanitary Committee.

Sir, Madam, & Gentlemen,

I have pleasure in presenting my Annual Report upon matters affecting the Public Health in the District during the year 1949.

The Birth-Rate has risen over the figure for 1948, and compares favourably with the National Rate. The Crude Death-Rate increased over the previous year, and is considerably higher than the National Death-Rate. One factor, which probably accounts for some of the increased Death-Rate, is the growing proporaion of elderly people in the District. The Infant Mortality Rate also increased considerably over the preceding year. The Maternal Mortality Rate is nil.

The general incidence of Infectious Disease was high during the year, due to relatively large numbers of cases of Measles and Whooping Cough. The incidence of other Infectious Diseases was small. Two cases of Poliomyelitis (Infantile Paralysis), both of which were mild, occurred in the early months of the year. Once again the absence of Diphtheria from the list will be noted. The number of fresh cases of Pulmonary Tuberculosis remained the same as for the preceding year i.e. 4. Deaths from this Disease, however, increased from 1 to 3. Information regarding the visit of the Miniature Mass Radiography Unit is given in the chapter dealing with Tuberculosis, and also at Appendix A to this Report.

Housing still remains a serious problem, which is made more acute by the fact that many buildings in the District are either old or neglected. The general housing standard has, undoubtedly, an effect upon the Mortality Statistics. The Drainage of the District, particularly in the Fishguard Ward is not conductive to a high standard of public health. Apart from these two problems, the state of the Public Health can be considered satisfactory.

I wish to thank all Members of the Committee, and the Council, for their co-operation during the year. Also the officials of the Council. The day to day supervision of health matters is capably supervised by Mr. James.

I am,
Your obedient Servant,

(Signed) : W. J. Y. SPEEDY.

District Medical Officer.

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CONTENTS.

Part 1. Vital Statistics and Epidemiology.	Page.
1. Summary of Vital Statistics.	1.
2. Births and Birth-Rates.	2.
3. Deaths and Death-Rates.	3, 4, 5.
4. Infectious Diseases.	6.
5. Tuberculosis.	7, 8.
6. Diphtheria Immunisation.	9.
7. Vaccination.	10.
Part 11. Environmental Hygiene.	
1. Milk Supplies.	12.
2. Water Supplies.	13.
3. Food Control.	14.
4. Housing.	15.
5. Factories and Workshops.	16.
6. General Hygiene and Sanitation.	17, 18, 19,
7. Port Sanitation.	20.
Part 111. Appendices.	Page.
A. Statistics of visit to Miniature Mass Radiography Unit.	22.
B. Scale of Fees for Vaccination and Immunisation.	23.
C. Main Points arising out of new Milk Legislation.	24, 25

P A R T 1.

VITAL STATISTICS
AND
EPIDEMIOLOGY.

SUMMARY OF VITAL STATISTICS

1.	ESTIMATED MID-YEAR POPULATION.	4,775.
2.	NATURAL INCREASE IN POPULATION. (Live Births minus deaths).	+13.
3.	BIRTH-RATE.	16.7. (a)
4.	STILLBIRTH RATE.	36.1. (b)
5.	ILLEGITIMATE BIRTH-RATE.	25.0. (c)
6.	CRUDE DEATH-RATE.	14.0. (a)
7.	CORRECTED DEATH-RATE.	12.8. (a)
8.	INFANTILE MORTALITY RATE.	62.5. (c)
9.	MATERNAL MORTALITY RATE.	Nil. (b)
10.	CANCER DEATH-RATE.	2.7. (a)
11.	NOTIFICATION RATE OF MEASLES.	24.95.(a)
12.	" " " WHOOPING-COUGH.	9.21.(a)
13.	" " " SCARLET FEVER.	0.21.(a)
14.	" " " PNEUMONIA.	0.21.(a)
15.	" " " POLIOMYELITIS.	0.42.(a)
16.	" " " PULMONARY TUBERCULOSIS.	0.83.(a)
17.	" " " NON-PULMONARY TUBERCULOSIS.	0.41.(a)
18.	" " " OTHER INFECTIOUS DISEASES.	Nil.(a)
19.	PULMONARY TUBERCULOSIS DEATH-RATE.	0.62.(a)
20.	NON-PULMONARY TUBERCULOSIS DEATH-RATE.	Nil.(a)

(a) Per 1,000 Population.

(b) Per 1,000 Total Births.

(c) Per 1,000 Live Births.

BIRTHS AND BIRTH-RATES.

Summary of Births.

	Live Births.			Still Births.		
	M.	F.	Total.	M.	F.	Total.
Legitimate	32	47	79.	2.	1.	3.
Illegitimate	1	0	1.	-	-	-
	33.	47.	80.	2.	1.	3.

Classification of Births:

Total Births (Live and Still) for 1949 = 83 (76)
Live Births for 1949 = 80 (76)
Still Births for 1949 = 3 (Nil)
Illegitimate Births for 1949 = 2 (Nil)

Birth-Rates:

i.e. Number of Live Births per 1,000 population.

Birth-Rate for the District for 1949 = 16.7 (15.9)
" " " Pembrokeshire for 1949 = 16.7 (17.6)
" " " England and Wales for 1949= 16.7 (17.9)

Stillbirth Rates:

i.e. Number of stillbirths per 1,000 total births.

Stillbirth Rate for the District for 1949 = 36.1 (Nil)
" " " Pembrokeshire for 1949 = 27.3 (29.5)
" " " England and Wales for 1949= 23.0 (23.0)

Illegitimate Birth-Rates:

i.e. Number of Illegitimate Births per 1,000 Live Births.

Illegitimate Birth-Rate for the District for 1949 = 25.0(Nil)
" " " " England & Wales for 1949 = 50.0(53)

Discussion of Birth Statistics:

There has been an increase in the number of Live Births over the preceding year. The Birth-Rate has risen from 15.9 in 1948 to 16.7 for 1949. This rate is the same as that for the County and the whole of England and Wales. It is gratifying to see this rise in the Birth-Rate especially as the Birth-Rate generally is tending to fall each year throughout the Country. There are several factors which may have this adverse effect upon the Birth-Rate; economics, fear for the future, and increased knowledge of Birth Control are three of these factors. Also there is little doubt that the Housing situation has an appreciable effect in restricting the size of families.

The Stillbirth Rate has risen considerably over the 1948 Rate, and is considerably higher than the Rate for the County and the Country.

The Illegitimate Birth-Rate has also risen over the 1948 Rate, but is still well below the Rate for the whole of England and Wales.

(* Figures in Brackets are for 1948.)

DEATHS AND DEATH-RATES.

Summary of Deaths.

Males	36.
Females	31.
Total :	67. (62).

Crude Death-Rate: (i.e. Number of Deaths per 1,000 population).

Death-Rate for District for 1949	=	14.0 (12.9)
" " " Pembrokeshire for 1949	=	12.5 (12.3)
" " " England and Wales for 1949	=	11.7 (10.8)

Corrected Death-Rate.

This is the Death-Rate specially adjusted as to the age and sex distribution of the District, so that it can be compared with similarly corrected Death-Rates of other Districts.

Comparability Factor for the District for 1949	= 0.92.
Corrected Death-Rate for the District for 1949	= 12.8

Main Causes of Death.

	M.	F.	Total.
Diseases of the Heart & Circulatory System	15.	11.	26.
Cancer (All Forms)	7.	6.	13.
Diseases of the Brain & Nervous System	4.	2.	6.
" " " Respiratory System (excluding T.B.)	4.	2.	6.
Infant Deaths	1.	4.	5.
Diseases of the Digestive System	1.	3.	4.
Pulmonary Tuberculosis	1.	1.	2.
Violent Deaths	1.	1.	2.
Diseases of the Blood.	-	1.	1.
Infectious Diseases (excluding T.B. and Pneumonia)	1.	-	1.
Unclassified	1.	-	1.
Total :	36.	31.	67.

Deaths according to Age-Groups.

52% of all deaths took place in the age-group of 70 years and over.

Infant Mortality Statistics.

Number of Infant Deaths for the District for 1949 = 5 (3)

The following is a list of causes of Infant Deaths:-

	M.	F.	Total.
Prematurity	1.	1.	2.
Developmental Defects	-	1.	1.
Haemorrhage	-	1.	1.
Pneumonia	-	1.	1.
	1.	4.	5.

Infant Deaths took place in the following Age-Groups:-

0 - 24 hours	= 1.	1 - 3 months	= 1.
1 - 7 days	= Nil.	3 - 6 months	= Nil.
8 - 30 "	= 1.	7 - 12 months	= 2.

* Figures in brackets are for 1948.

Infant Mortality Rate.
i.e. Number of Deaths of Infants under 1 year of age per 1,000 Live Births.

Infantile Mortality Rate for the District for 1949		=62.5(39.5)
" " " "	Pembrokeshire for 1949	=37.7(36.2)
" " " "	England & Wales for 1949	=32.0(34.0)

Maternal Mortality Rate.
i.e. Number of Deaths of women directly attributable to childbirth per 1,000 Live and Stillbirths.

Nil.

Cancer Statistics.

Number of Cancer Deaths in District for 1949 = 13. (13)

The following is a summary of situation of Cancer Lesions:-

	M.	F.	Total.
Digestive System	5.	3.	8.
Respiratory Tract	1.	1.	2.
Bones	-	1.	1.
Ovary	-	1.	1.
Skin	1	-	1.
	7.	6.	13.

Cancer deaths took place in the following age-groups:-

0 - 30 years	=	Nil.
30 - 70 years	=	7.
70+ years	=	6.

Cancer Death-Rate for the District for 1949 = 2.7

Discussion of Death Statistics.

There is an increase of 5 in the total number of deaths over the preceding year. The Death-Rate has risen from 12.9 in 1948 to 14.0 in 1949. This is a high Death-Rate, but the Death-Rate generally throughout the Country is on the increase. One of the reasons for the upward trend in the Death-Rate is the growing proportion of elderly persons in the community, hence it follows that the mortality figures will be higher. It will be seen from the statistics that 52% of deaths in the District were in persons of 70 years of age or more. This points to a high percentage of elderly people in the District. When the Death-Rate is corrected for age distribution it falls to 12.8. Each year also, the number of deaths classified as due to Diseases of the Heart and Circulatory System (which includes Deaths from old age) continues to rise. This is an additional proof of the shift of the community towards the older age-groups.

The Infantile Mortality Rate has increased greatly over the preceding year, and is very much greater than the average Rate throughout the Country as a whole. This points to the necessity for increased measures for Infant Welfare in the District. A study of the Infant Mortality statistics shows that Prematurity is the greatest cause of Infant Mortality.

The Maternal Mortality Rate is nil and is a matter for satisfaction.

The number of deaths due to Cancer is the same as

for 1948, that is, 13 deaths. As the total number of Deaths from all causes is higher, however, Cancer accounts for 19.4% total deaths as against 20.9% for 1948. Throughout the Country as a whole there is an increase in Cancer Mortality year by year. It is therefore some matter for satisfaction that the Mortality in the District, whilst not actually decreasing, is at least remaining static. A study of the Cancer statistics reveals that 8 out of the 13 deaths occurred due to Cancer of the Digestive System. Also the majority of cases occurred in the age-group 30 - 70 years. In spite of the large number of persons employed in Cancer Research, and the expenditure of huge sums of money, nothing of real value, as to the cause or the cure of Cancer, has come to light. The only effective means of combating the mortality from the disease today, is early diagnosis and surgical treatment. Early diagnosis can only be obtained by routine examination of the "apparently" healthy population, and the thorough investigation of vague symptoms in persons of Cancer age. The Mass Radiography Service is of great value in detecting early chest cancer. But this method of examination is primarily for the detection of Pulmonary Tuberculosis, and is therefore confined to the chest region. A routine method for the examination of the Abdominal organs to detect early cancer would greatly reduce the mortality from this dread disease.

Deaths from Tuberculosis and Infectious Diseases are discussed in the chapters dealing with these diseases.

There are 2 deaths from Violent Causes and this amounts to 2.9% total deaths. The following is a summary of deaths from Violent causes:-

	M.	F.	Total.
Home Accident	-	1.	1.
Suicide	1.	-.	1.
	1.	1.	2.

X: INFECTIOUS DISEASES

The following Infectious Diseases were notified during the year:-

	M.	F.	Total.	
Measles	61	58	119	(1)
Whooping-Cough	25	19	44	(11)
Poliomyelitis (Infantile Paralysis)	2	-	2	(1)
Pneumonia	1	-	1	(-)
Scarlet Fever	1	-	1	(-)
Ophthalmia Neonatorum	-	-	-	(1)
Puerperal Fever	-	-	-	(1)
	90.	77.	167.	(15)

There was a greatly increased over-all incidence of Ifectious Diseases over the preceding year. Measles and Whooping-Cough accounted for most of the increased incidence. The two cases of Infantile Paralysis were very mild types of this disease.

There has been no further advance as regards mass Immunisation against Whooping-Cough since my Annual Report for 1948. Field trials are being carried out, but no recommendations have yet been made by the Ministry of Health. A considerable number of children are being Immunised privately with the Combined Diphtheria and Whooping-Cough Vaccine, and there appears to be grounds for assuming that this combined vaccine gives full protection against Diphtheria, and a moderate degree of protection against Whooping-Cough.

Reference is made to Smallpox in the chapter dealing with Vaccination.

The following is a comparison of the Notification Rates (i.e. number of cases per 1,000 population) of the various Infectious Diseases between the District and England and Wales as a whole:-

	England & Wales.	District.
Measles	8.95	24.95
Whooping-Cough	2.39	9.21
Scarlet Fever	1.63	0.21
Pneumonia	0.80	0.21
Erysipelas	0.19	Nil.
Diphtheria	0.04	Nil.
Infantile Paralysis	0.13	0.42
Thyroid Fever	0.01	Nil.
Food Poisoning	0.14	Nil.
Cerebro-Spinal Fever	0.02	Nil.

The following deaths occurred due to Infectious Diseases during the year:-

	M.	F.	TOTAL.	
Influenza	1.	-	1.	
Pneumonia	-	1	1.	
	1.	1.	2.	(Nil)

Infectious Diseases therefore accounts for 3.9% of total deaths.

Disinfection of premises for Infectious Diseases is referred to in the chapter dealing with Hygiene and Sanitation.

X: Excluding Tuberculosis which is treated separately.

TUBERCULOSIS.

Although Tuberculosis is an Infectious Disease, it is treated separately on account of its importance. Tuberculosis, is again divided into two groups; i.e. Pulmonary Tuberculosis which affects the Respiratory System, and Non-Pulmonary Tuberculosis which affects other parts of the body. Pulmonary Tuberculosis causes a relatively high Death-Rate; on the other hand, Non-Pulmonary Tuberculosis causes a great deal of suffering and invalidism, but a relatively low Death-Rate.

Pulmonary Tuberculosis.

Some general remarks regarding the aetiology and Predisposing causes of Pulmonary Tuberculosis were given in the Annual Report for 1947 and 1948.

The following fresh cases of Pulmonary Tuberculosis were notified during the year:-

Males	2.	
Females	2.	
Total :	4.	(4)

This is the same number of fresh cases as for 1948, and gives a Notification Rate (per 1,000 population) of 0.83. Three of the fresh cases occurred in the age-group 15-30 years.

The following deaths took place due to Pulmonary Tuberculosis during the year:-

Males	2.	
Females	1.	
Total :	3.	(1)

There was an increased number of deaths from Pulmonary Tuberculosis over the preceding year. The Pulmonary Tuberculosis Death-Rate is, therefore, 0.62 per 1,000 population. This may be compared with the Rate of 0.45 for the whole of England and Wales.

The Chest Physician, his staff, and the Chest Clinic attached to the County Hospital, have again during the year greatly assisted in the matters relating to the control of Pulmonary Tuberculosis.

The year 1949 was notable for the first visit of the Mass Radiography Service for use by the general population. Some trouble and expense were gone to in publicising the visit of this Unit. The results, however, proved worth this initial expense. The Unit was stationed at Fishguard for three days. A total of 406 persons from the general population attended for examination. In addition to these a large number of School-children, and the personnel at the Trecwn Depot were examined.

One active case of Pulmonary Tuberculosis was diagnosed at an early stage, and the prospect of complete recovery in this case is excellent. In addition, three cases of Heart Disease, 1 case of Cancer, and 7 cases of Lung Disease (excluding Tuberculosis) were diagnosed. All these cases have better prospects for cure due to the early diagnosis of their different diseases.

It is interesting to note that 16 cases of healed Pulmonary Tuberculosis were diagnosed. This discovery stresses the fact that many persons in the community suffer from the disease and become cured without being aware of the process. The danger here is that, unknowingly, they are a source of infection.

* Figures in brackets are for 1948.

C

The response to the initial visit of the Service was good. Periodic returns of the Service is practically ensured, and it is hoped that increased numbers of the community will take advantage of the Service.

Detailed statistics of the Miniature Mass Radiography Unit's visit are given at Appendix A to this Report.

Non-Pulmonary Tuberculosis.

The following fresh cases of Non-Pulmonary Tuberculosis were notified during the year:-

Males	2.
Females	Nil.
Total :	2. (Nil)

This shows an increased incidence of the disease over the preeding year. However, the incidence is still reasonably low and gives rise to a Notification Rate of 0.41 per 1,000 population.

There were no deaths from Non-Pulmonary Tuberculosis.

DIPHTHERIA IMMUNISATION.

The following is a summary of the Immunisation carried out during the year:-

Sessions: Primary Immunisation:- Nil.

Reinforcement Immunisation:- Nil.

Private: Primary Immunisation:-

0 - 5 years	=	40.
5+ "	=	Nil.
Total	=	40.

Reinforcement Immunisation:-

5 - 10 years	=	1.
10 - 15 years	=	2.
Total	=	3.

For the second successive year there have been no cases of deaths from Diphtheria in the District.

Both the incidence and Mortality from Diphtheria continue to decrease rapidly throughout the Country as a whole. Mass Immunisation against Diphtheria has undoubtedly contributed largely to this reduction. Providing the high standard of immunity can be maintained, Diphtheria should be almost eradicated from the community in a few years time.

VACCINATION.

All Vaccinations have been carried out by private arrangement between parents and their family doctor. The following is a summary of vaccinations performed during the year:-

Primary Vaccination:-	0 - 1 year	=	23
	1 - 4 years	=	1
	5 -14 years	=	Nil
	15 +	=	6
	Total :	=	30
Re-vaccination:-	0 - 4 years	=	Nil
	5 -14 years	=	1
	15 +	=	6
	Total :	=	7

Parents wishing to have their children vaccinated, or adults wishing to be vaccinated or Re-vaccinated, can have vaccination carried out, free of charge, by arrangement with their family doctor. The doctor is re-imbursed (on completion of a special Vaccination Record Card which is returned to the District Medical Officer of Health) by the County Council according to a scale of fees laid down by the Ministry of Health. The scale of fees is given at Appendix B to the Report.

Compulsory Vaccination against Smallpox was withdrawn in the United Kingdom in 1949, and has now been made a voluntary act the same as Diphtheria Immunisation. There are many good reasons why parents should continue to have their children vaccinated. The following are some of these reasons:-

1. Young persons entering certain professions and trades are required to be vaccinated, e.g. Health Services, Forces, Overseas' Employment. If vaccination has been carried out in Infancy, then Re-vaccination is a simple procedure and produces a good immunity. If, however, these persons have not been immunised as Infants, then Primary Vaccination can be an unpleasant and inconvenient experience.

2. Many countries throughout the orld insist that persons entering them from the United Kingdom - whether on business or pleasure - must be vaccinated before being allowed to enter the country. Here again it is to the advantage of such persons to have been vaccinated in Infancy.

3. Smallpox is prevalent in many foreign countries and with the passage of ships and aircraft between these countries and the United Kingdom, there is always the danger of the disease being imported. Several outbreaks of Smallpox during the past two years have been due to this cause. Fortunately, as a result of the old compulsory Vaccination, there is still a high level of Immunity to the disease in the United Kingdom. However, if vaccination of infants is now neglected, a generation will arise which is no longer Immune, and an imported case of Smallpox would then have wide spread and serious results.

P A R T 11.

ENVIRONMENTAL HYGIENE.

MILK SUPPLIES.

General.

There are eight Retailers of milk in the District, two of which retail T.T. Milk, and one retails Pasteurised Milk. The remainder retail ungraded milk.

Sampling.

The scheme for the general bacteriological examination of consumer milk supplies, which was commenced in 1948, was carried on during the year. The samples are sent to the Public Health Laboratory at Carmarthen for testing and reports. The following is a summary of the sampling results during the year:-

Satisfactory	74	Samples.	(69.8%)
Doubtful	17	"	(26.1%)
Unsatisfactory	15	"	(14.1%)
Total :	106	"	

These results are a great improvement on the figures for 1948 (41% Satisfactory and 26.4% Unsatisfactory). The Milk Sampling Scheme has undoubtedly raised the hygienic standard of the milk supplies to the consumer.

One milk vendor appeared before the Committee during the year.

Milk Legislation.

The following new legislation affecting milk came into operation on the 1st October, 1949:-

Milk and Dairies Regulations, 1949;
Milk (Special Designations) (Raw Milk) Regulations, 1949;
Milk (Special Designations) (Pasteurised & Sterilized Milk) Regulations, 1949.

These Regulations were made jointly by the Minister of Health, Minister of Agriculture and Fisheries, and Minister of Food, by powers conferred upon them by the Food and Drugs Act, 1938, Food and Drugs (Milk and Dairies) Act, 1944, the Transfer of Functions (Food and Drugs) Act, 1948, and the Agriculture (Miscellaneous Provisions) Act, 1949.

The main points arising out of the new legislation are enumerated in Appendix C to this Report. The fundamental change is that all matter affecting milk at Production level are no longer the responsibility of the District Council, but are handled by officials of the Ministry of Agriculture and Fisheries.

Conclusion.

There has been an increase in the supply of Designated Milk in the District, which is a welcome trend.

The new Legislation takes away the Council's jurisdiction of milk at site of production. It will take some time to see what effect this has upon the standard of cleanliness of milk reaching the consumer.

Distributor of milk is the new name applied to those persons who are concerned only with the retail of milk for public consumption. It is essential that a Distributor should have a proper place (i.e. a dairy) to act as a collecting and a distributing centrefor the milk which he sells. This is not stated implicitly in the Legislation, but is implied. The Council should insist in every Distributor having a Dairy which complies with the standard desired by the staff of the Public Health Department.

WATER SUPPLIES.

General.

There is practically 100% piped water supply in the District. There were twelve new water connections made during the year.

Average daily consumption of water in the District is 157,500 gallons.

Sampling.

The sampling scheme for the general bacteriological examination of water supplies was continued during the year. The samples are sent to the Public Health Laboratory at Carmarthen for testing and reports. The following is a summary of the sampling results during the year:-

Satisfactoty	11 Samples.
Unsatisfactory	3 Samples.

Water Supply Schemes:

Major Scheme.

The source for this scheme is the gathering ground at Pontygotty. The water is a typical upland surface water and relatively free from contamination. The water is piped from the gathering ground, by gravity, to a filtration and treatment plant (mechanical) at Penwallis. It then passes through a holding Reservoir of 100,000 gallons capacity and hence into the Service Mains.

This Scheme supplies all Fishguard and the major part of Goodwick.

Minor Scheme.

The source for this Scheme is a stream situated at Mathry in the Haverfordwest Rural District. The water is pumped from here to a form of storage and treatment plant at Fishguard Harbour.

This Scheme supplies water to the Harbour Area, including Harbour Village.

Conclusion.

The Minor Water Scheme supplying Fishguard Harbour area is not very satisfactory. It is hoped that the area supplied by this Scheme, will be taken over by the Major Fishguard Scheme.

The storage capacity at present is less than 1 day's supply, and is inadequate to meet emergencies.

FOOD CONTROL

Premises Registered under the Food and Drugs Acts.

Prepared Food Premises		11.
Ice-Cream Premises.	Producers.	2.
	Retailers.	14.
Slaughter-Houses.		Nil.
Knackers' Yards.		Nil.

Number of Inspections of Registered Premises during the year = 50
" " Intimation Notices served = Nil
" " Statutory Notices served = Nil

Food Stuffs Condemned.

Cereals	2 cwt.	1qr.	10 lbs.
Tinned Meat			24 tins.
Tinned Fish			38 tins.
Salad Cream			36 jars.
Vegetables.			8 tins.
Fruit			66 lbs.
Condensed Milk			13 tins.
Cheese			3 pkts.
Tinned Fruit			18 tins.
Meat Pies			36.
Bacon			12 ozs.
Tinned Tomatoes			4 tins.
Soups in Tins			30 tins.
Other preserved Foods			140 tins.
Beef			308 lbs.
Raw Fish			28 lbs.

Imported Foods:

Beef	1 ton.	1 cwt.	1 qr.	2 lbs.
Offals		2 cwt.	0 qrs.	25 lbs.
Sausage Meat			2 qrs.	26 lbs.

Meat Inspection.

There is no Slaughter-House in the District and hence no routine meat inspection. Meat is inspected periodically on arrival from Distributing Centres to the various retailers. Such meat has been found to have generally deteriorated due to bad handling and transportation. The new Bye-Laws regarding Handling and Distribution of Food generally, when adopted, should be a lever to assist in raising the standard of handling and transport of meat and other foods.

Ice-Cream.

Producers-wholesalers in District	=	2.
Retailers only	=	14.

A Scheme for the general bacteriological examination of Ice-Cream was commenced in other Districts during the year. The results were such as to indicate that there was a low standard of Ice-Cream produced, as regards cleanliness. The Sampling Scheme is being extended to this District.

Cafes, Hotels, Bake-Houses, etc.

No. of Inspections during the year	=	27.
No. of Intimation Notices	=	Nil.
No. of Statutory Notices.	=	Nil.

The hygienic standard in these premises is capable of some improvement. A careful watch is being kept in this direction.

HOUSING.

Housing Programme and Estates.

No. New Houses Completed by Council in 1949	= 18.
No. New Houses under Construction at 31st Dec. 1949	= 34.
No. Temporary Dwellings taken over by Council in 1949	= Nil.
No. Houses Requisitioned by Council in 1949	= Nil.

The following is a summary of all Housing controlled by the Council at 31st December, 1949:-

Council Houses	142.
Temporary Houses (Huts etc).	12.
Requisitioned Premises	5.
Total :	159.

Re-Housing and Overcrowding.

No. of applicants for re-housing at 1st January, 1949	= 207.
No. of applicants for re-housing at 31st December, 1949	= 189.
No. of cases of overcrowding at 1st January, 1949	= 43.
No. of cases of overcrowding at 31st December, 1949	= 31.

7 Cases of Overcrowding were relieved during the year.

Repairs, Inspections, Demolition Orders, Closing Orders, etc.

No. of Housing Inspections during the year.	= 65.
No. of Informal Notices during the year.	= 20.
No. of Statutory Notices during the year.	= 3.
No. of cases taken to Court during the year.	= Nil.
No. of Time and Place Notices during the year.	= 1.
No. of Demolition Orders during the year.	= 1.
No. of Undertakings accepted during the year.	= Nil.
No. of Proposals accepted during the year.	= Nil.
No. of Closing Orders during the year.	= Nil.
No. of Demolition Orders outstanding at 31st Dec, 1949	= 13.

Temporary Housing Sites.

Site.	No. of Huts.	No. of Families.	Condition.
Cwmbrandy.	12.	12.	Bad.

Conclusion.

The Housing Programme is still insufficient to meet the demand for new houses. This, of course, applies to practically every District in the Country. Similarly, the overcrowding problem cannot be relieved until there is a slackening in the Housing Demand.

The Housing situation is made worse by the difficulty of getting property owners to maintain premises in a reasonable state of habitation. The Housing Act of 1949 should assist property owners in putting their premises in a fit state.

The hutments at Cwmbrandy remain a serious problem to the Council. They have long since passed their period of usefulness. The clearance of this Site should be constantly in the mind of the Housing Committee.

The allocation of houses to the Council depends to a large extent upon the site of building progress; this in turn depends upon the efficiency of the Contractors. It is essential, therefore, for a good Housing Programme, that the question of contractors is seriously considered.

FACTORIES & WORKSHOPS

No new manufacturing industries with factory or workshop premises have been set out in the District during the year. The existing types are Bakehouses, Sawmills and Joinery Works, Boot Repair Shops, Tailors, Brickworks, Marine Engineering Factories, and Motor Repair Factories and Laundry.

The number of all types of premises remains at 49. Number of inspections made to these premises during the year was 83. No cases were reported by H. M. Inspector of Factories and no cases were referred to him.

In six instances the attention of an occupier was drawn to the necessity of cleansing the premises; these were dealt with by the occupier concerned very promptly; two cases have been d alt with for lack of Sanitary Conveniences.

There are three Factories in the District to which Section 34 of the Factories Act, 1934, applies which were in existence in 1937 and employes more than twenty persons at one time.

General Nuisances.

The District has been kept under observation for nuisances which tend to endanger Public Health. There is still a lack of Civic Pride with sections of the Public who seem to regard any waste land which may be handy, as the proper place for the disposal of refuse, and there still remains a few unauthrosied dumps, which include in some cases the accommodation roads adjacent to dwelling houses. Difficulty is experienced in finding the actual offenders and people are not keen to give information against persons committing the offence. In two instances, it has been necessary to circulate householders that they will be held jointly responsible for offences of this nature.

The Number of Inspections made for nuisances.	34.
Number of Informal Notices.	23.
Number of Abatements after Informal Notices.	22.
Number of Abatements after Formal Notices.	1.

Of the above, fourteen were in respect of defective drains.

Refuse Disposal.

There has been no change in the system of Refuse Collection during the year. Each premises is served with one collection per week. Trade premises are limited to one bin per week and the gener l trade refuse is removed by the traders themselves at their own expense. Some of the outlying isolated premises are not taken in the routine collections, but when requested, arrangements are made to remove the refuse periodically. The number of these premises, however, is very small. The volume of refuse collected however has increased; some of this increase is of course due to the cessation of the Salvage Service. Larger catering establishments, including schools with canteen facilities, are collected twice weekly. New Housing Estates also add to the volume of refuse to be collected.

All refuse is collected in a proper covered vehicle; the Council own only one such vehicle which is in use practically 60% of the time on Refuse Collection.

The type of receptacle used by householders generally leaves much to be desired; any type of receptacle is considered good enough for collecting refuse. Both wet and dry refuse is placed in the same receptacle. This method imposes a great strain on the men engaged on Refuse Collection. The fact that only one collection is made weekly causes the receptacle to be packed to capacity and of considerable weight, especially when the receptacles are left in the open during wet weather without covers.

Collection commences at 8.a.m. and continues until 4.30. in the afternoon of each collecting day. Goodwick is collected on one whole day of each week. Fishguard, however, takes two whole days.

All refuse is disposed of on the waste land on Goodwick Moor. This has served a useful purpose in the reclaiming of land. Quite a large area has been reclaimed, some of which can now be put to some useful purpose. This has been made possible with using to advantage materials from Goodwick Brickworks which enables a good covering to the refuse deposited. This material entails some little cost to the Council but the benefits have made this little cost worth while. At the present rate of tipping the whole of this land owned by the Council is likely to be filled up within the next five years, and it would appear that some other means will have to be considered for the disposal of refuse.

Disinfection and Disinfestation.

Disinfections have been carried out to dwellings after each case of completion of Infectious Diseases, also two schools have been subject to disinfection during the year. Clothing and textiles if requiring disinfection can only be treated at the institutions which have the necessary appliances, and by arrangement has been carried out at Sealyham.

Rodent Control.

The main sources of infestation of Rats is the Refuse Tip and to keep the Rat population to the lowest minimum the Tip is subjected to treatment at least three times a year, with additional treatments if required. Th infestation is now within reasonable limits; it is too much perhaps to expect a hundred per cent clearance but the present population is certainly the lowest since tipping has taken place.

No. of treatments for Major Infestation	5.
No. of bodies found.	37.
Other infestations. Business Premises.	4.
Private Dwelling Houses.	14.
Other.	4.

There is little doubt that the Rodent Infestation within the District is on the increase. The time has come to consider the employment of a Rodent Operator by the Council. At least part of the expense would be recoverable by charges to business premises, and also there is a 50% grant towards salary.

Public Conveniences.

There are two Public Conveniences in the area, one at Goodwick and one at Fishguard. The premises at Fishguard has been subject to very undesirable publicity by reason of its condition. These are cleansed daily but it often happens that during the summer season the premises have been subject to abusive treatment. Steps were taken with a view to eliminating the cause of complaint and there has been a decided improvement in the general condition of these places.

Schemes are in hand for the provision of a Public Convenience on the Promenade, Goodwick, which will add to the amenities of this locality.

Offensive Trades.

Nil.

Street Cleansing.

A regular system of scavenging of streets is in operation throughout the area, and the roads cleansed have been increased during the year. The sweeping is carried out in the early part of the day as far as is practicable, particularly in the main shopping centres.

Sewage Disposal.

Ninety-five-per-cent of the area is served with a system of sewerage. In the Fishguard area the types vary very considerably and cannot be considered efficient. The size of the conduits of course vary with the District served. Some parts are served with conduits which were not originally laid to convey foul sewage. The pipes were laid in the first instance to convey surface and storm water which have been used as foul sewers. Stone culverts are still in use as sewers.

The whole of Fishguard is on the combined system, that is, storm and surface water discharges into the system. This tends to overload the whole system and serious consideration will have to be given to provide a more adequate system of sewerage for the Fishguard Ward. These sewers are now working to capacity and should building development be extended in the area, a serious problem will arise. The question of adequate sewers remains a matter of some concern, and temporary methods have been applied to abate the serious nuisances which were arising in the District. The matter of an efficient system for the disposal of the sewage from Fishguard continues to give rise to some concern. Schemes have bee proposed and considered but the high costs of such works has been the deterrent for works of this nature. The whole of the sewers at Fishguard are vested in the Council and the responsibility of maintaining them lies with the Council.

The sewer system in Goodwick is on the separate system, that is, storm and surface water is excluded from the general system of foul sewerage. The whole of this district is fairly well served. The type of sewer used may also be considered good. This is no doubt due to the construction of a proper system at a much later date than at Fishguard; consequently there has been considerably less improvisation. A section of the system at Goodwick remains vested in the Railway Authorities such as Harbour Village, New Hill, and the main sewer running through railway lands from Goodwick Station to the outfall.

The method of disposal in the whole of sewers - one discharging into a 12" sewer vested in the Railway Authorities for which the Council pay an annual easement to the Railway Authorities. During the year extensions have been made to the system to meet the needs of new housing estates. Ninety-six-per-cent of the premises in Goodwick are connected to the Sewers.

The number of new connections made to the sewerage system during the year is 65 - this includes new houses built.

Number of connections for Cess-Pits to Sewer	=	4.
Number of other types of Closet Accommodation to W.C.	=	7.

Slaughter-Houses.

Nil.

Knackers' Yards.

Nil.

Smoke Abatements.

Nil.

Public Baths and Wash-Houses.

Nil.

Burial of the Vagrant Dead.

Nil.

Salvage.

Nil.

Removal of Persons in need of Care and attention.

Nil.

Common Lodging Houses.

There is one Common Lodging House in the District, and it is satisfactory from a Hygienic point of view.

Exhumation.

One Exhumation was carried out during the year.

PORT SANITATION.

No great change has taken place at the Port of Fishguard Harbour. No increase in the number of vessels and the imports are considered very low. There appears to have been a sharp decline in the quantity of live stock imported; this falling off of imports seems to apply also to other commodities.

The ships sail between Britain and Eire, but ships calling at other foreign countries do not call at this Port. The ships from Fishguard sail to Cork, Waterford, and Rosslare, The sanitary conditions of these ships are good and there has been no cause for complaint. The crews quarters are kept at a good hygienic standard.

Imported foods have been kept under observation and quantities of unsound foods have been destroyed. The nature of the foods destroyed have been Carcase Beef, Plucks, Bacon Rinds, Canned Foods, etc. No foods are warehoused at the Port; it is placed on rail immediately it is landed overside.

No facilities exist at the Port for Medical examination of persons arriving. All cases of Infectious Disease are dispatched to Hospital immediately on arrival.

Disinfestation of Ships.

No facilities exist for the treatment of ships for rodents. The practice is to dispatch any ships which are infested to a port which has the facilities - usually Cardiff or Swansea.

PART 111.

APPENDICES.

APPENDIX A.

Statistics for the visit of the Mass Miniature Rediography Unit to Fishguard in October, 1949:

	Male.	Female.	Total
Total Examined	194.	212.	406.
Total Abnormal	14.	20.	34. (8.3%)
Active Tuberculosis	-	1.	1. (.25%)
Healed Tuberculosis	3.	13.	16.
Query Tuberculosis	2.	-	2. (.5%)
Heart Disease	1.	2.	3.
Cancer (malignant growth)	1.	-	1.
Lung Disease (excluding Tuberculosis)	5.	2.	7.

The very small number of active Tuberculosis is gratifying. However, it must be borne in mind that only approximately 10% of the population attended. Also it is probable that the persons most likely to have Tuberculosis did not attend, either through fear or economic reasons.

Apart from Tuberculosis, it will be appreciated from the Statistics, that many other conditions are detected by Masss Miniature Radiography.

Whilst the total number examined is small, a start has been made, and it is expected that increasing numbers will take advantage of this Service each year.

APPENDIX B.

Scale of Fees laid down by the Minister of Health for Immunisation and Vaccination:

The Ministry of Health, the British Medical Association and the County Councils Association agreed on the following scale of fees to be paid to general practitioners for Vaccination and Immunisation.

"A fee of five shillings shall be paid to such a practitioner by the Local Health Authority on receipt of a record in the standard form of the vaccination or immunisation of a person on the list of those to whom the practitioner is providing general medical services under Part IV of the National Health Service Act; that as regards Smallpox Vaccination the fee will be payable when a record is received showing that either the first injection resulted in successful vaccination or that an unsuccessful first injection was followed by a second attempt (as provided for on the Record Card), whether the second attempt proved successful or not; and that as regards Diphtheria Immunisation the payment of the fee will as respects the complete process, normally involving two injections, and also as respects the administration of a boosting dose of prophylactic given to a person primarily immunised at an earlier age. It is further agreed that with regard to group vaccination or immunisation at sessions arranged by a Local Health Authority for which it may employ a general practitioner, the recognised scale of sessional fees shall apply, namely, a composite fee of forty-five shillings for sessions lasting normally from $1\frac{1}{2}$ to $2\frac{1}{2}$ hours, and a composite fee of thirty shillings for sessions not normally exceeding one hour.

APPENDIX C.

Main Points arising out of new Milk Legislation. Food and Drugs (Milk & Dairies), Act, 1944.

The Minister of Health and the Minister of Food acting jointly in exercise of the powers conferred on them by the Food and Drugs Act, 1938, as amended by the Food and Drugs (Milk and Dairies) Act, 1944, made the following Regulations:-

(a) The Milk and Dairies Regulations, 1949.
(b)(1) The Milk (Special Designation)(Raw Milk) Regulations, 1949.
(2) The Milk (Special Designation)(Pasteurised and Sterilized Milk) Regulations, 1949.

(a) As and from the first day of October, 1949, the new regulations provide for the registration by the Minister of Agriculture and Fisheries of dairy farms, and of persons carrying on, or proposing to carry on, the trade of a dairy farmer. Prior to the first of October, all registrations were carried out by the Local Authority. The new regulations provide also for the refusal or cancellation of any such registration by the Minister, if in his opinion, having regard to conditions existing at the premises to be registered, the regulations cannot be complied with. These are powers which were not enjoyed by the local authority in the case of a wholesale producer of milk.

Section 8 of the Regulations provides for the registration of dairies other than dairy farms and of distributors by the Local Authority.

Provisions with regard to infection of milk are contained in Section 18 and subsequent sections. It is the duty of every person having access to milk or to milk churns in or about any registered premises as soon as he becomes aware that he or any other member of his household is suffering from any notifiable disease, to notify the occupier of such premises, and the occupier shall forthwith notify the Medical Officer of Health of the district in which the premises are situated. On the other hand the Medical Officer of Health of the district when he becomes aware that any person is suffering from notifiable disease who is employed on registered milk premises, and having access to the milk or to any milk receptacles, he shall forthwith notify the occupier of the premises. The regulation provides for the examination of persons suspected of suffering from a disease liable to cause infection of milk. Where the Medical Officer of Health is satisfied that any person is suffering from disease caused by the consumption of milk supplied within the district from any registered premises or that the milk at any registered premises within the district is infected with disease communicable to man he may by notice in writing to the occupier require that no milk from these premises be sold unless it has been treated.

(b)(1) All producers' licences granted under "the Milk (Special Designation)(Raw Milk) Regulations shall after the 1st October be granted by the Minister of Agriculture and Fisheries. After 1st October, 1954, the special designation "Accredited" will no longer be permitted to be used, and after 1st October, 1957, the special designation "T.T." may only be used in respect of milk from a herd which is on the Register of Attested Herds kept by the Minister of Agriculture and Fisheries.

Dealers licences and supplementary dealers licences are issued by local authorities which authorises the dealer to use the special designation in respect of such milk.

(b)(2) The Milk(Special Designation)(Pasteurised and Sterilized Milk) Regulations re-enact with amendments the Milk(Special Designations) Regulations 1936 to 1948, so far as they relate to pasteurised milk, and provide for a new special designation 'sterilized milk'. Pasteurised milk may be heated to a temperature

between 145°F and 150°F for a period of 30 minutes, or to a temperature of 161°F or above for a period of at least 15 seconds, before it is colled to a temperature not exceeding 50°F, or it may be heated to other temperatures for such a period as may be approved by the Minister of Food.

Sterilized Milk is required to be filtered or classified, homogensied and heated in bottles to a temperature not below 212°F for such a period as to ensure that it will comply with a prescribed test.

Licences in respect of pasteurising and sterilising establishments will be issued by the Food and Drugs Authority, i.e. in the case of this District - the County Council, but District Councils will continue to be responsible for all other licences.

Fees for licences have been dispensed with.

General.

With the co-operation of all authorities responsible for the production, treatment and distribution of Milk, it is hoped that the Regulations referred to will be administered in such a way as to provide the public with a safe and pure commodity.